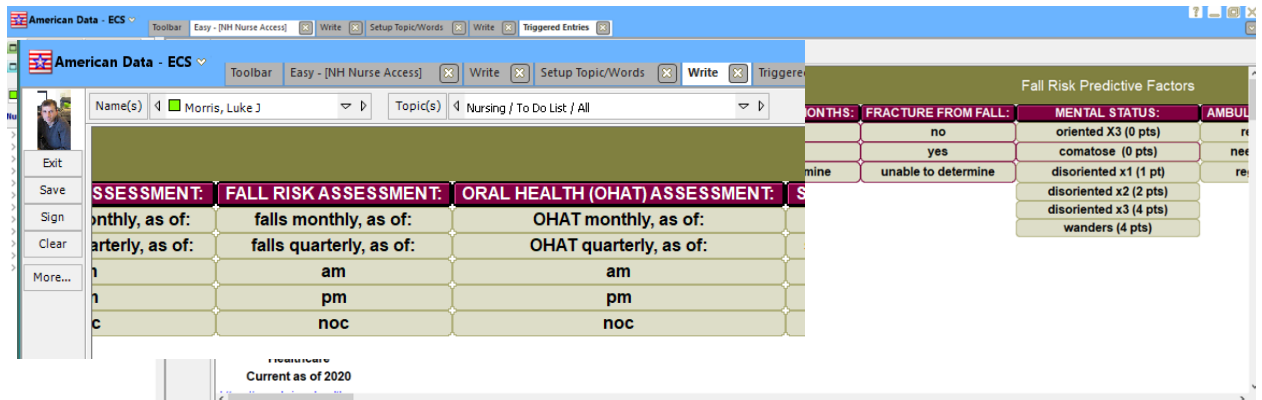


# Documenting Assessments

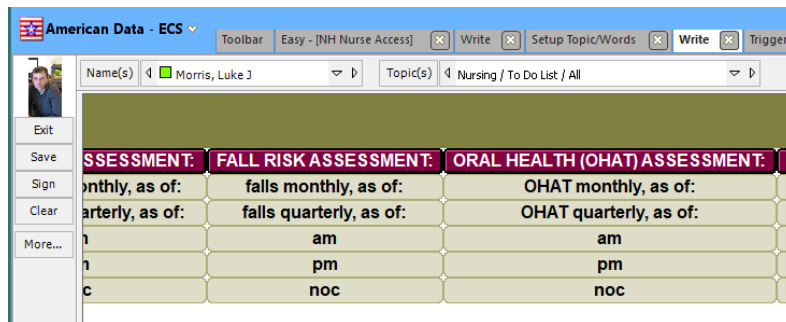
## Assigning Assessments

1. Some Assessments are included in the admission assessment trigger task and completed as a part of the admission process.

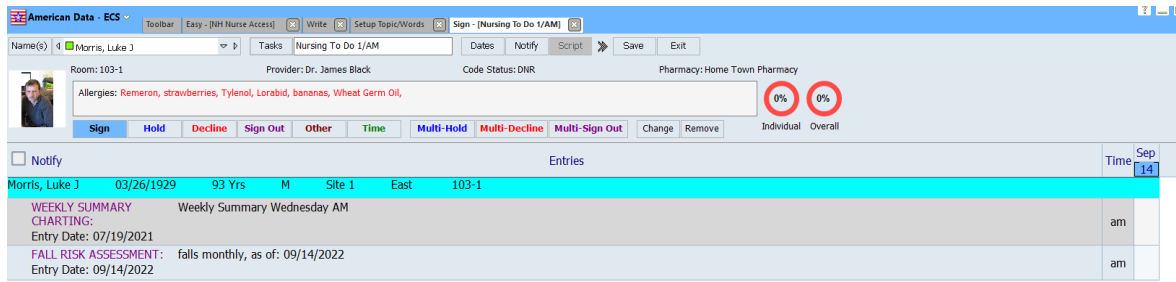


ASSESSMENT:	FALL RISK ASSESSMENT:	ORAL HEALTH (OHAT) ASSESSMENT:
monthly, as of:	falls monthly, as of:	OHAT monthly, as of:
quarterly, as of:	falls quarterly, as of:	OHAT quarterly, as of:
	am	am
	pm	pm
	noc	noc

2. Subsequent assessments or assessments not done on Admission may be assigned by utilizing the nursing "To Do List."



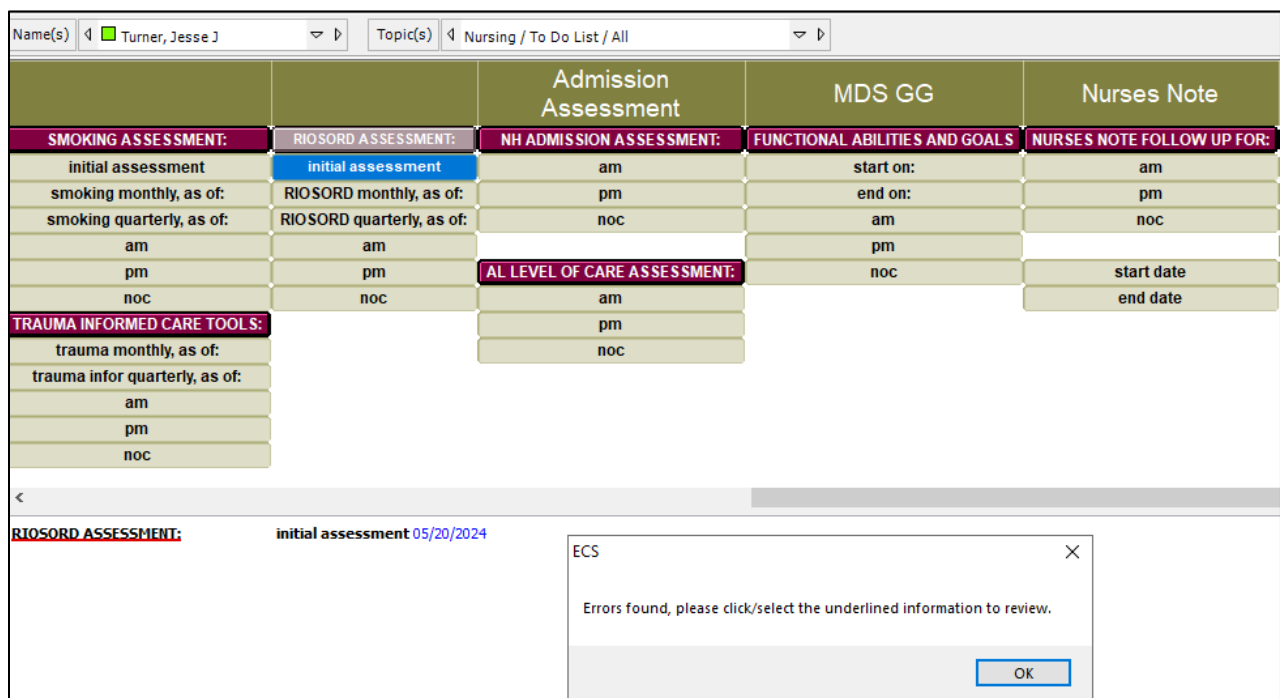
- a. The assessment will pattern on the To Do List as ordered, and users may click on the open cell next to the entry in order to complete the assessment.



Name(s)	Room	Provider	Code Status	Pharmacy	Sign	Hold	Decline	Sign Out	Other	Time	Multi-Hold	Multi-Decline	Multi-Sign Out	Change	Remove	Individual	Overall
Morris, Luke J	103-1	Dr. James Bleck	DNR	Home Town Pharmacy												0%	0%

## Add Assessments onto the To Do List

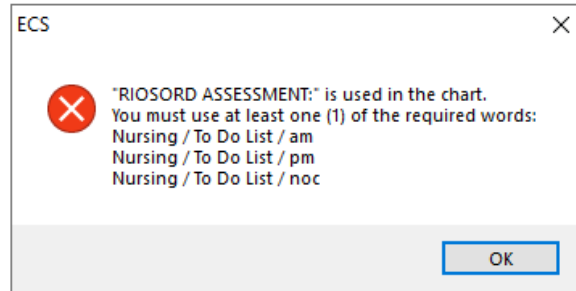
1. To initiate an item onto the Nursing To Do List, click the **Edit To Do List** button, select name(s), and click **OK**.
2. A Write screen will appear. Entries appearing at the bottom of the screen show what is already active in the To Do List for this resident.
3. Working from left to right, select items to add to the nursing to do list. Select a start date, and an end date if desired. Select a shift, if prompted to do so. Click **Sign** once finished entering all items to be added to the list.
  - a. As you select each item that needs to be assigned, make sure that you are selecting all required pieces within the column. If not, you will receive an error message upon saving the entry. The error message will state "Errors found, please click/select the underlined information to review." Click **OK** onto the message. Click onto the word(s) that is underlined to see which required words are missing from the entry (typically, it is a shift word). Once you have determined the missing word(s), select it from the screen and click onto **Sign** again.



The screenshot shows the software interface for adding assessments. At the top, there are dropdown menus for 'Name(s)' (Turner, Jesse J) and 'Topic(s)' (Nursing / To Do List / All). Below these are five main assessment categories: SMOKING ASSESSMENT, RIOSORD ASSESSMENT, Admission Assessment, MDS GG, and Nurses Note. Each category has a list of sub-items with various options like 'initial assessment', 'monthly, as of', 'quarterly, as of', and 'shift' (am, pm, noc). An error message dialog box is open in the foreground, stating 'Errors found, please click/select the underlined information to review.' with an 'OK' button. The error message is triggered by the 'initial assessment' option under the 'Admission Assessment' category.

SMOKING ASSESSMENT:	RIOSORD ASSESSMENT:	Admission Assessment	MDS GG	Nurses Note
<b>SMOKING ASSESSMENT:</b>	<b>RIOSORD ASSESSMENT:</b>	<b>NH ADMISSION ASSESSMENT:</b>	<b>FUNCTIONAL ABILITIES AND GOALS</b>	<b>NURSES NOTE FOLLOW UP FOR:</b>
initial assessment	initial assessment	am	start on:	am
smoking monthly, as of:	RIOSORD monthly, as of:	pm	end on:	pm
smoking quarterly, as of:	RIOSORD quarterly, as of:	noc	am	noc
am	am		pm	
pm	pm	<b>AL LEVEL OF CARE ASSESSMENT:</b>	noc	start date
noc	noc	am		end date
<b>TRAUMA INFORMED CARE TOOLS:</b>		pm		
trauma monthly, as of:		noc		
trauma infor quarterly, as of:				
am				
pm				
noc				

Below the table, there is a search bar and a list of active items. One item is highlighted: **RIOSORD ASSESSMENT:** initial assessment: 05/20/2024. An error message dialog box is open over this item, stating: "Errors found, please click/select the underlined information to review." with an "OK" button.



## Remove Assessments from the To Do List

1. To remove an item from the Nursing To Do List, click the **Edit To Do List** button, select name(s), and click **OK**.
2. A Write screen will appear.
3. Click **Full** on the bottom portion of the screen to view all current active entries.
4. Click onto an active entry or several entries that need to be removed to turn them red.
5. Click onto **Edit** and select **Discontinue** or **Discontinue All**.
6. This will turn the highlighted entry or entries gray indicating that they will no longer appear on the To Do List.

## Completing the Assessments

1. Work through the assessment from left to right, choosing the responses which are appropriate for your resident.
  - a. ECS provides documentation in the defined review if needed to make it easier for users to find pertinent information for accurate scoring.
2. When you reach the end of the assessment, use the "Total Score:" button, to calculate the resident's fall risk score. The resident's risk level will be added to the entry as well, based on the score of the assessment.
3. From this area, you may also use the provided shortcuts to:
  - a. View a printer friendly .pdf of the assessment.
  - b. Update the care plan(s) for a nursing home resident.
  - c. Update the service plan(s) for an assisted living resident

## List of New/Updated Assessments

### PHQ - 2 to 9 Assessment

The PHQ-2 to 9 is an assessment for screening, diagnosing, monitoring, and measuring the severity of depression. We have made the necessary updates required for the 10/2023 MDS changes.

1. Added the PHQ Cue Card
2. Social Isolation

3. Added Information on Scoring Abbreviated Assessment
4. Added an updated report and also the “P4 Screener For Assessing Suicide Risk” report.

### **PCL-C Screening**

This has been added to the Trauma Informed Care Topic. It is the civilian version of the Posttraumatic Stress Disorder (PTSD) Checklist and consists of 17 questions. This assessment will score a PTSD severity range and not meant to diagnosis PTSD but to know whether further evaluation is needed.

### **72-Hour Antibiotic Time Out**

This assessment re-evaluates the antibiotic after the initial administration. It looks at the reason/need, the appropriateness, and if there are any risk factors. It helps to know whether changes may be required.

### **Scored Assessments**

The following assessments automatically calculate a score to indicate the risk.

#### **Fall Risk (STEADI) Assessment**

This is the CDC’s Stopping Elderly Accidents, Deaths & Injuries Initiative Fall Risk Assessment.

#### **Hot Liquid Evaluation**

The purpose of this audit is to ensure that all residents are assessed for safe handling of hot beverages, and that their risk of burns from hot water, liquids, and beverages is reduced through individualized care planning designed to promote their safety.

#### **RIOSORD Assessment**

This assessment is the Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression. It is meant to aid in safer decision-making when prescribing opioids. It is an assessment to rate the risk of an overdose on opioids.

#### **Suicide Risk Screening Tool**

This assessment will calculate the risk of suicide.

#### **Suicide Safety**

If the criteria is met in the Suicide Risk Screening then this Suicide Safety assessment should be completed.